

Medical Emergency Release (This form is MANDATORY)



Child's Full Legal Name _____

Date of Birth _____ Gender _____

Camp/Class _____

Parent/Legal Guardian #1

(Full Name) _____

Home Phone _____

Cell Phone _____

Work Phone _____

Parent/Legal Guardian #2

(Full Name) _____

Home Phone _____

Cell Phone _____

Work Phone _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

Pursuant to California Family Code §6910, I am a parent or legal guardian having legal custody of the minor child identified above, and do hereby authorize the City of Carlsbad, its officers, employees, agents, representatives, and assignees, whose care such minor child has been entrusted, to consent to any examination, X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act. I agree to pay any and all costs for the foregoing care. In consideration of my child's participation in the sponsored activity, I hereby release, hold harmless, and discharge the City of Carlsbad, its elected official, officers, employees, agents, representatives, and assignees from any and all claims for personal injuries and damages.

This authorization is effective on the _____ day of _____, 20_____, and shall be valid for one year.

Signed this _____ day of _____, 20_____.

Parent/Guardian #1's Signature _____ Parent/Guardian #2's Signature _____

Insurance Co. _____ Policy # _____

Dentist Name _____ Phone: _____

Dentist Address _____

Insurance Co. _____ Policy # _____

Family Physician _____ Phone _____

Address _____

Pertinent medical history information (Epilepsy, diabetes, allergies, etc.) ___ Yes ___ No. If yes, explain:

Parent/Legal Guardian Emergency Phone # _____

In case of emergency (if Parent/Legal Guardian cannot be contacted) please notify:

Name _____ Relationship to child: _____ Phone _____

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My child takes the following medications on a regular basis: _____

Staff is not permitted to dispense any medication not prescribed by a physician. A physician's note must accompany the medication that is to be dispensed.

Name of Child _____

Medicine _____ Time Given _____ Dosage _____